

L01000001972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

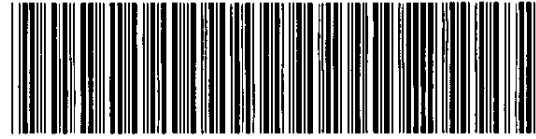
(Business Entity Name)

(Document Number)

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DATE: 8/12/14

NAME: CAROL CITY GARDENS LLC

TYPE OF FILING: AMENDMENT

COST: 55.00

RETURN: CERTIFIED COPY PLEASE

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FILING & SEARCH SERVICES, INC.
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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAROL CITY GARDENS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Moshe Lehrfield
Name of Person
CAROL CITY GARDENS LLC
Firm/Company
333 S.E. Second Avenue
Address
Miami, FL 33131
City/State and Zip Code
lehrfieldm@glaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Rodriguez at (770) 777-2091
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CAROL CITY GARDENS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 6, 2001 and assigned Florida document number L01000001972.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

c/o GFI Management Services, Inc.

(Principal office address MUST BE A STREET ADDRESS)

140 Broadway, 41st Floor

New York, NY 10005

Enter new mailing address, if applicable:

c/o GFI Management Services, Inc.

(Mailing address MAY BE A POST OFFICE BOX)

140 Broadway, 41st Floor

New York, NY 10005

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____,
City

Florida

_____,
Zip Code

New Registered Agent's Signature, If changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Edith Gross	c/o GFI Management Services, Inc.	<input type="checkbox"/> Add
		50 Broadway	<input checked="" type="checkbox"/> Remove
		New York, NY 10004	
MGR	Edith Gross	c/o GFI Management Services, Inc.	<input checked="" type="checkbox"/> Add
		140 Broadway, 41st Floor	<input type="checkbox"/> Remove
		New York, NY 10004	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 12-06-11 2:08:21

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

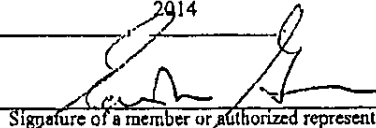
Article VII of the Articles of Organization is hereby amended as follows:_____

The Company will be manager managed in accordance with the _____
Company's regulations.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 12th 2014



Signature of a member or authorized representative of a member

Edith Gross

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 AUG 12 AM 11:21